

ISSUE SLIP STAPLE AREA (for additional cross-references)

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
420	195	423	207	323	411.1	532	534	536
								537.5
INTERNATIONAL	CLASSIFICATION		427	256	272	282		
			556	400	465			
B32B	3100							
	1							
	1							
	1							
	1							

^ Continued on Issue Slip Inside File Jacket

INDEX OF CLAIMS

✓ Rejected - (Through numeral) ... Canceled N Non-elected A Appeal
 = Allowed + Restricted I Interference O Objected

Claim	Date
Final Original	10/15/02
1 1	=
2 2	=
3 3	=
4 4	=
5 5	=
6 6	=
7 7	=
8 8	=
9 9	=
10 10	=
11 11	=
12 12	=
13 13	=
14 14	=
15 15	=
16 16	=
17 17	=
18 18	=
19 19	=
20 20	=
21 21	=
22 22	=
23 23	=
24 24	=
25 25	=
26 26	=
27 27	=
28 28	=
29 29	=
30 30	=
31 31	=
32 32	=
33 33	=
34 34	=
35 35	=
36 36	=
37 37	=
38 38	=
39 39	=
40 40	=
41 41	=
42 42	=
43 43	=
44 44	=
45 45	=
46 46	=
47 47	=
48 48	=
49 49	=
50 50	=

Claim	Date
Final Original	10/15/02
51 51	=
52 52	=
53 53	=
54 54	=
55 55	=
56 56	=
57 57	=
58 58	=
59 59	=
60 60	=
61 61	=
62 62	=
63 63	=
64 64	=
65 65	=
66 66	=
67 67	=
68 68	=
69 69	=
70 70	=
71 71	=
72 72	=
73 73	=
74 74	=
75 75	=
76 76	=
77 77	=
78 78	=
79 79	=
80 80	=
81 81	=
82 82	=
83 83	=
84 84	=
85 85	=
86 86	=
87 87	=
88 88	=
89 89	=
90 90	=
91 91	=
92 92	=
93 93	=
94 94	=
95 95	=
96 96	=
97 97	=
98 98	=
99 99	=
100 100	=

Claim	Date
Final Original	10/15/02
101 101	=
102 102	=
103 103	=
104 104	=
105 105	=
106 106	=
107 107	=
108 108	=
109 109	=
110 110	=
111 111	=
112 112	=
113 113	=
114 114	=
115 115	=
116 116	=
117 117	=
118 118	=
119 119	=
120 120	=
121 121	=
122 122	=
123 123	=
124 124	=
125 125	=
126 126	=
127 127	=
128 128	=
129 129	=
130 130	=
131 131	=
132 132	=
133 133	=
134 134	=
135 135	=
136 136	=
137 137	=
138 138	=
139 139	=
140 140	=
141 141	=
142 142	=
143 143	=
144 144	=
145 145	=
146 146	=
147 147	=
148 148	=
149 149	=
150 150	=

If more than 150 claims or 9 actions staple additional sheet here

RECEIVED AVAILABLE COPY

INDEX OF C. J.M'

Rejected
Allowed
i) Canceled
Restricted

N
I
A
O

Non-elected
Interference
Appeal
Objected

Rejected
Allowed
i) Canceled
Restricted

N
I
A
O

10/031,738

Claim	Date
Final	10/03
Original	03
151	=
152	
153	
154	
155	
156	
157	
158	
159	
160	
161	
162	
163	
164	
165	
166	
167	
168	
169	
170	
171	
172	
173	
174	
175	
176	
177	
178	
179	
180	
181	
182	
183	
184	
185	
186	
187	
188	
189	
190	
191	
192	
193	
194	
195	
196	
197	
198	
199	
200	

Claim	Date
Final	10/03
Original	03
201	=
202	
203	
204	
205	
206	
207	
208	
209	
210	
211	
212	
213	
214	
215	
216	
217	
218	
219	
220	
221	
222	
223	
224	
225	
226	
227	
228	
229	
230	
231	
232	
233	
234	
235	
236	
237	
238	
239	
240	
241	
242	
243	
244	
245	
246	
247	
248	
249	
250	

BEST AVAILABLE CO

Winston Aviatrix
National Stage Processing
Paralegal Specialist
(703) 305-6421

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			/			
102			/			
103			/			
104			/			
105			/			
106			/			
107			/			
108			/			
109			/			
110			/			
111			/			
112			/			
113			/			
114			/			
115			/			
116			/			
117			/			
118			/			
119			/			
120			/			
121			/			
122			/			
123			/			
124			/			
125			/			
126			/			
127			/			
128			/			
129			/			
130			/			
131			/			
132			/			
133			/			
134			/			
135			/			
136			/			
137			/			
138			/			
139			/			
140			/			
141			/			
142			/			
143			/			
144			/			
145			/			
146			/			
147			/			
148			/			
149			/			
150			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031738** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
201			/	
202			/	
203			/	
204			/	
205			/	
206			/	
207			/	
208			/	
209			/	
210			/	
211			/	
212			/	
213			/	
214			/	
215			/	
216			/	
217			/	
218			/	
219			/	
220			/	
221			/	
222			/	
223			/	
224			/	
225			/	
226			/	
227			/	
228			/	
229			/	
230			/	
231			/	
232			/	
233			/	
234			/	
235			/	
236			/	
237			/	
238			/	
239			/	
240			/	
241			/	
242			/	
243			/	
244			/	
245			/	
246			/	
247			/	
248			/	
249			/	
250			/	
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
251								
252								
253								
254								
255								
256								
257								
258								
259								
260								
261								
262								
263								
264								
265								
266								
267								
268								
269								
270								
271								
272								
273								
274								
275								
276								
277								
278								
279								
280								
281								
282								
283								
284								
285								
286								
287								
288								
289								
290								
291								
292								
293								
294								
295								
296								
297								
298								
299								
300								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

REST AVAILABLE COPY